

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number		10/526,003	
Confirmation Number			
Filing Date		with an effective filing date of August 26, 2003	
First Named Inventor		Helmut SEIDLITZ and Eduard LACK	
Group Art Unit		1724	
Examiner Name		Joseph W. Drodge	Fax: (571) 273-8300
Total No. of Pages in this Submission: 14		Attorney Docket Number HAFTOM P02AUS	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in Duplicate)[1] <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached - Check \$460.00 	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response [9] pg. <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) 	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) [1]	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Request for Refund	

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

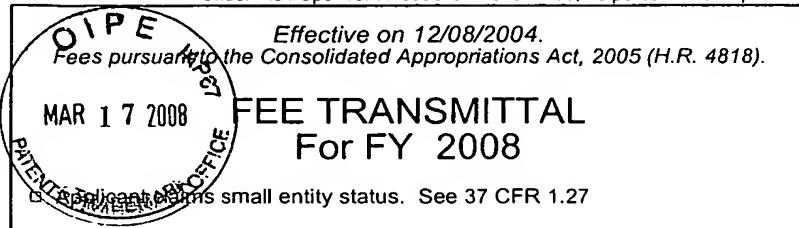
Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 10, 2008	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 10, 2008.

Signature		Date: March 10, 2008 (aag)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>MAR 17 2008 FEE TRANSMITTAL For FY 2008</p> <p>PATENT & TRADEMARK OFFICE Small Entity Status Claims small entity status. See 37 CFR 1.27</p>		<p><i>Complete if Known</i></p>	
		<p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p>	<p>10/526,003 with an effective filing date of August 26, 2003 Helmut SEIDLITZ and Eduard LACK Joseph W. Drodge 1724</p>
<p>TOTAL AMOUNT OF PAYMENT: \$460.00</p>		<p>Attorney Docket No.</p>	<p>HAFTOM P02AUS</p>

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description Small Entity Fee (\$)

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 210 105

Multiple dependent claims 370 185

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

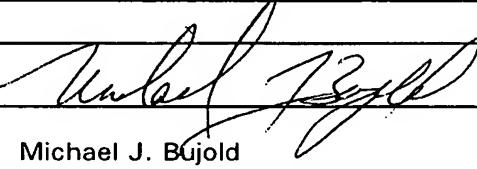
Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for a Two Month Extension of Term \$460.00

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: March 10, 2008